THE HIGHLAND COUNCIL

Agenda Item	15.
Report No	ECAS 90/15

Education, Children and Adult Services Committee
8 October 2015

Chief Social Work Officer Report – 2014/15

Report by Director of Care and Learning

Summary

This report introduces the annual report by the Chief Social Work Officer, for 2014/15.

1. Background

1.1 The requirement for every local authority to appoint a professionally qualified Chief Social Work Officer (CSWO) is contained within Section 3 of the Social Work (Scotland) Act 1968.

1.2 The Partnership Agreement between Highland Council and NHS Highland sets out that the CSWO will be an employee of the Highland Council. The Agreement also includes the various arrangements for professional leadership in Social Work, as part of the Lead Agency model**,** involving lead officers in both organisations.

1.3 The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. In the lead agency model, this includes advice to officers of NHS Highland. Accordingly, this report will also be presented to NHS Highland.

1.4 The role should assist both agencies to understand the complexities of social work service delivery - including in relation to particular issues such as corporate parenting, child protection, adult protection and the management of high risk offenders - and the key role social work plays in contributing to the achievement of national and local outcomes.

1.5 The CSWO has specific responsibilities in relation to:

- the placement and movement of children in secure accommodation
- the transfer of a child subject to a Supervision Requirement
- adoption applications;
- enforcement of Community Payback Orders;
- Mental Health Officers and statutory intervention under mental health legislation;
- protection of adults at risk in terms of the Adults with Incapacity (Scotland)
- investigation of complaints.

1.6 The CSWO also has a role to play in overall performance improvement and the

identification and management of corporate risk insofar as they relate to social work services.

1.7 The attached report covers the broad period 2014/15. However, given the volume and range of current developmental activities in Social Work and Social Care in NHS Highland and Highland Council, the start and end dates of the year are not always rigidly applied.

2. Implications arising from Report

2.1 There are no resource, risk, legal, equality, Gaelic, rural or climate change/carbon clever implications.

3. Recommendation

3.1 The Committee is asked to note and comment on the issues raised in the attached annual report.

Designation: Director of Care and Learning

Date: 25 September 2015

Author: Bill Alexander, Director of Care and Learning

Highland Partnership:
Chief Social Work Officer Report 2014/15

1. Overview

The Highland Partnership covers the Highland Council area. The total land mass is 25,659 square kilometres, which is 33 per cent of Scotland and 11.4 per cent of Great Britain, including the most remote and sparsely populated parts. We have the 7th highest population of the 32 authorities in Scotland, at around 233,000.

Highland generally has an older population profile than that of Scotland, with a slightly higher percentage of children, and higher proportions in all of the age groups above 45 years.

	Highland	Highland %	Scotland %
0-15	40,532	17.4	17.1
16-44	76,428	32.8	37.6
45-64	69,449	29.8	27.5
65-74	26,369	11.3	9.8
75-84	14,970	6.4	5.9
85+	5,202	2.2	2.1

This population is broadly equally divided across urban areas, small towns, rural areas and very rural areas. Outwith Inverness and the Inner Moray Firth there are a number of key settlements around the area including Wick and Thurso in the far north, Fort William in the south west and Portree in the west. These towns act as local service centres for the extensive rural hinterland which makes up the bulk of the region.

The region consists of a number of small local economies with relatively weak linkages between neighbouring communities. There is an increasing emphasis across the authority on local delivery and community engagement. As such, it is essential for agencies and authorities to understand the challenges and opportunities in each of these local communities, and to organise service delivery accordingly.

Gaelic arts, culture and heritage are important contributors to employment, tourism and regeneration across the region. It is a major priority to support and sustain the use of the Gaelic language, and to provide support for Gaelic speakers through that medium.

2. Highland Partnership Structures and Governance Arrangements

There are four coterminous managerial areas for NHS Highland and Highland Council. Each Area is comprised of two Districts, except the South Area, where there are three Districts.

Each District has a locality partnership for health and social care, and these partnerships are increasingly taking account of wider community planning themes.

The community planning structure is currently under review, as all partners agree the need for enhanced local decision making.

Children's social care is provided as part of a lead agency approach by Highland Council.

Highland Council also provides the Criminal Justice Social Work Service, the Mental Health Officer Service, and Out-of-hours Social Work.

The Chief Executive is Steve Barron, and the Director of Care and Learning and Chief Social Work Officer is Bill Alexander.

Sandra Campbell is the Head of Children's Services, and Fiona Palin is the Head of Adult Services. The Principal Officer with responsibility for social care is Amelia Wilson; James Maybee is the Principal Officer for Criminal Justice Services; and the Principal Mental Health Officer is Karin Campbell.

Governance of social work and social care in Highland Council rests with the Education, Children and Adult Services Committee, where the Director of Care and Learning is the lead officer. The Chair is Councillor Drew Millar.

Adult Social Care is commissioned by Highland Council from NHS Highland. The Chief Executive is Elaine Mead, and the Director of Adult Social Care is Joanna MacDonald. Eilidh Macmillan is the Lead Social Officer in the South and Mid Operational Units and Ian Thomson is seconded into the Lead Social Worker post in the North and West Operational Units.

Governance of Social Work and Adult Social Care rests with the Highland Health and Social Care Governance Committee, where the Director of Adult Social Care is a member. The Chair of this Committee is Myra Duncan, who is also a member of the NHS Highland Board.

Highland Council and NHS Highland have formal arrangements for engaging with Third Sector and Independent partners. These partners are represented in strategic planning and governance processes.

The Integrated Children's Service Planning Group is chaired by the Director of Care & Learning, and the 14 Improvement Groups are chaired by senior officers from across the Partnership.

The Adult Services Strategic Planning Group is jointly chaired by Deborah Jones, Chief Operating Officer, NHS Highland and Stephen Pennington, Chief Executive of Highland Home Carers.

A range of service users and carers are represented in strategic planning for adult services and participate in the following Improvement Groups: Older People, Learning Disability, Carers, Adult Support and Protection, Sensory, Acquired Brain Injury, Mental Health and Dementia. They are also involved in self-evaluation and quality assurance processes.

Third and independent sector partners, together with service users and carers, were involved in the recent Joint Inspection of Services for Older People. This included participation in various focus groups.

The overall objective of the CSWO role is to ensure the provision of effective, professional advice to local authorities in the provision of social work services. This advice is provided to practitioners, senior officers of the Service and the authority, and to members. In the lead agency model, this includes advice to officers of NHS Highland and Board members.

3. Social Services Landscape

In the 2012 release of the Scottish Index of Multiple Deprivation (SIMD):
- Highland has 17 datazones in the most deprived 15% in Scotland
- 85% of income and employment deprived people in Highland live outwith areas recognised as containing concentrations of deprivation.

The unemployment rate in Highland varies geographically from 1.5% to 7.1%, with those Council wards containing deprived areas having typically six times as many JSA1 claimants as less deprived wards.

The rate of long term unemployment varies geographically from 0.3% to 3% across Council wards, with the highest levels found in wards with deprived areas and with some rural wards experiencing higher than average rates.

15% of children in the Highlands are growing up in poverty, compared to the Scotland wide figure of 20%. In Inverness Central 29% of children live in poverty, and in Cromarty Firth the rate is 25%. Around 2,000 children in the Highlands live in severe poverty – 6% of all children in the region (Save the Children 2012). Further demographic information about children is available in the integrated children's services plan, www.forhighlandschildren.org

The most deprived areas of Highland have up to four times as many people claiming disability related benefits compared to the overall population of Highland. 37% of households in Highland are fuel poor, this rises to 57% for Highland's pensioners.

Across Highland as a whole, the rate of benefit take-up is generally slightly less than the rest of Scotland.

- 13.5% of people aged 65 and over in Highland receive Attendance Allowance which is lower than the rate for Scotland (15.9%).
- 1.2% of people receive Carers Allowance, which is slightly less than the Scotland average (1.4%).
- 6.7% of people receive DLA, lower than the Scotland average of 7.7%. Highland is ranked 19th out of the 32 Local Authorities for the percentage of the population receiving DLA.
- 6.2% of working age people in Highland receive Employment and Support Allowance, below the Scotland average of 7.9%.
- 1.6% of working age people in Highland receive Income Support (IS), lower than the Scotland average (2.2%).
- 1.2% of working age people in Highland claim Job Seekers Allowance, lower than the average for Scotland (2.4%). Unemployment in Highland is highly seasonal and was above the Scotland average around the millennium, but has fallen since then. 0.4% of people aged 18 to 24 in Highland are long term unemployed, whereas across Scotland it is 0.9%. (From November 2013 some job seekers living in the area have claimed Universal Credit rather than Job Seekers Allowance.)
- The number of young people receiving Job Seekers Allowance who are aged under 25 generally follows the national pattern, with 1.6% of young people in Highland receiving the benefit.

Highland Council is the principal delivery organisation for services for children, particularly for fostering and adoption placements, short-breaks for children with a disability, and social work services. The Council commissions or spot-purchases a significant amount of support work and residential care through a mixture of third-sector providers. Choice is often limited as there is not a great deal of competition in Highland but there are long-standing relationships with key providers.

There are a greater number of services to adults that are commissioned from 3rd sector and private organisations.

The Community Planning Partnership has identified a range of outcomes and preventative actions that should reduce the inequalities gap and reduce demand for public services in the future. These inequalities are most evident in our health, with the difference in life expectancy between men in our most deprived and least deprived communities reaching 14 years.

Social work is a major contributor to this activity to achieve better outcomes, and there are a number of preventative actions involving social care, including via 3rd sector partners:

- Enhanced early years services
- Actions to develop local placements for looked after children
- Work skills for young people, including looked after children
- Preventing Violence against Women
- Enhanced support for carers

- Enhanced reablement and community wellbeing services for older people.

Levels of recruitment to the social work and social care workforce are relatively stable, although recruitment to posts in more remote and rural areas can be constrained by a more limited availability of suitably qualified local and external candidates.

Where vacancies are difficult to fill, they can have a significant impact on service delivery, particularly given the geography of the Highland Council area. This also impacts for commissioned services, as all providers are likely to have the same recruitment difficulties.

4. Finance

The budget for children's social care is around £36.5m. This covers early years, looked after children, child protection and fieldwork services.

Commissioned services include Homestart, the Care and Learning Alliance (both Early Years), Connecting Carers, Action for Children (Youth Justice), Barnardo's (Through and Aftercare) and Children 1st (Child Protection, Kinship Care Support and Family Group Conferencing). The Early Years services from Action for Children were decommissioned during the year, and have been replaced by enhanced provision within new health and social care 'Family Teams' within the local authority.

The budget for Mental Health Officers is around £1m. It is just over £3m for Criminal Justice Services.

It costs £360,000 to operate the Out-of-hours service.

There are 106 posts in Highland Council that require a qualified Social Worker.

In 2014-15, Highland Council commissioned £94m of Adult Social Care services from NHS Highland. In addition, there was a historic resource transfer of £12 million, with NHS Highland also investing £11m in Social Care services. The impact of these budgets is monitored through various forums, including the Adult Services Resources and Commissioning Group (involving officers) and the Adult Services Scrutiny and Development Sub-group (for members).

NHS Highland commissions an increasing range of services from the Third and Independent sector. This includes contracts with 58 Care Home providers for 1857 beds worth approximately £27.5m, and contracts with 17 Care at Home providers worth approximately £4.9m.

The combined Adult Social Care budget in NHS Highland continues to be under considerable pressure, due to increasing cost of providing care, the increasing cost of supporting younger adults who have complex care needs and increasing numbers of older people, many of whom have significant and complex care needs.

NHS Highland has 79 whole time equivalent posts that require the post-holder to be a registered Social Worker.

There are Children's and Adult Services Resources and Commissioning Groups, which enable the management of in-year budget pressures and variations as they arise.

5. Service Quality and Performance

Overall performance in Children's Social Care is reported as part of the performance framework for the integrated service plan, *For Highland's Children*, at http://www.forhighlandschildren.org/1-childrensplan/objectives.htm

Children's Fostering & Adoption Services

The Highland Council is registered as both a Fostering and an Adoption Agency with the Care Inspectorate. The inspection in March 2015 resulted in a grade 5 for both services, with one requirement made to improve Permanence Planning timescales.

The number of 'new' admissions to foster care (children who have not been accommodated previously) has decreased from 88 in 2013/14 to 57 in 2014/15. There has been a steady reduction in the number of children placed in all categories of foster care since November 2012, when the numbers peaked at 177. In 2013 this had reduced to 150 and in 2014/15 the numbers have further reduced to 139 children. Of these children five were placed in long term foster placements purchased from independent fostering providers and an additional sixteen children with disabilities were in receipt of regular established respite care. An increase in the number of adoptions being granted throughout the year and fewer children being accommodated for the first time has contributed to this reduction.

There were thirteen foster carer resignations and eight foster carer approvals in 2014/15 which reduced the number of carers from 135 in 2013/14 to 122 at 31st March 2015.

It is an on-going challenge to replace those who stop caring, mainly due to retirement, employment, and changes in health and family circumstances. Enquiries have remained fairly stable, with 117 throughout the period with many people choosing not to proceed early on in the process and often after they have learned more about the challenging task of caring for traumatised children and the potential impact on their family. Following our campaign during National Foster Care fortnight, the service saw an increase in enquiries as a concerted effort was made to raise the profile of fostering and the need for carers through advertising, radio, websites and social media.

The service provides a wide range of training to all current and prospective carers, locally and centrally, during the day, evenings and at weekends. These are planned in advance and a training calendar is produced so carers can plan ahead and choose sessions that will suit their own individual needs and family circumstances. Five Fostering preparation courses were held during this period with attendees travelling from all over Highland.

There is recognition that children who are adopted are not a distinct population, but are primarily children who have been on the child protection register who cannot return to or remain at home safely. Adoption gives these children the chance for some emotional recovery. Outcomes for younger children, who have been abused and neglected who are adopted, are generally better than for children who remain 'looked after' and in permanent fostering placements.

Risks of adoption breakdown increase the older the age of the child at placement and the longer the child is in 'temporary care' beforehand. Therefore, focussed planning and evidenced decision making are key to the process whereby delay is minimized. Proactive processes, including permanency planning and recruiting and approving adopters continuously have meant that children are mostly placed within Highland.

The Fostering & Adoption Social Workers recruit and prepare prospective adopters to meet the needs of the children identified by the Permanence Panel for whom adoption is the plan. Preparation groups for prospective adopters are planned in advance, and are usually very well attended, with two adoption preparation groups being held during 2014/15. The current recruitment of adopters has ensured a reasonable number of placements, and we have been able to match within our own resources sibling groups of 2 and 3 children, as well as older children and children with developmental uncertainty and complex health needs.

Historically, we have attracted adopters with very little advertising however more recently it has become more challenging to recruit adopters for specific groups of children. During National Adoption week in November 2014 we advertised extensively raising the profile of adoption and the need for families for older children and those with significant needs. For a number of years we have prioritised applications for those interested in adopting older children, larger sibling groups and children with additional health or medical needs.

There were nine applications approved as prospective adopters in 2014/15, which includes couples and single people, with a further nine prospective adopters currently being assessed. During 2014/15, twelve children were matched with prospective adoptive parents and the service supported twenty prospective adoptive families with children placed on a fostering basis. At 31st March 2015, twenty children were waiting to be matched for adoption and this included six sibling groups of two and three children.

The table below shows a comparison to the previous year, with a reduction in approvals, matchings and families being supported and a slight increase in the number of children waiting to be matched.

Prospective Adopters	**2013/14**	**2014/15**
No. of Prospective Adopters approved	12	9
No. of children matched with Prospective Adopters	17	12
No. of children waiting to be matched	19	20
No. of Prospective Adopters being supported	25	20

To increase the possibility of finding a family for those children who might be described as 'difficult to place', referrals have been made to Scotland's Adoption Register, Scotland's Children Waiting quarterly publication and have featured at Adoption Exchange days both nationally and locally. Non-identifying profiles are on the Council Website and feature in our adoption information packs and at preparation groups. As a result two sibling groups of two children were matched with prospective adopters out with Highland, with three of these children being over 8 years of age.

We are gradually increasing the number of older children being placed for adoption or in other permanent families, and continue to see an increase in the number of older children where permanent fostering is the plan with the children being secured legally by the granting of a Permanence Order.

Eighteen children were registered for permanence by the Permanence Panel in 2014/15. During this period eight Permanence Orders were granted, ten Permanence Orders with Authority to Adopt and seventeen Adoption Orders. There has been one relinquished baby placed for adoption, the first for several years.

The table below shows a comparison to the previous year, with a reduction in the number of children being registered for permanence, a reduction in the number of Permanence Orders being granted and a very slight increase in the number of adoption granted.

Permanence	**2013/14**	**2014/15**
Children registered for Permanence	26	18
Permanence Order granted	19	8
Permanence Order with Authority to Adopt granted	19	10
Adoption Order granted	16	17

The lower figures for 2014/15 may reflect the delay in permanence planning and decision making at every stage of the process which was highlighted during the recent inspection of the Fostering and Adoption service. Many Foster Carers felt that in their view children remained with them for too long before a permanence decision was made and commented on this during the inspection and raised this as an issue at their annual carer review.

The Council has continued to develop services after adoption, in acknowledgment of the greater needs of the children being placed and adopters recognising the need to maintain contact with the service. This includes: adoption support planning meetings, the introduction of Video Improvement Guidance (VIG), the adoption allowance scheme, a specialist consultation service, the adoption forum, which provides opportunities for training and support from social workers in the Fostering and Adoption teams and other professionals. There are more than 120 families who have benefited from one or a combination of these types of supports provided for adoptive families by the Fostering & Adoption service.

Children's Residential Services

The Council continues to invest in local residential provision and over the past year, many improvements have been made to the fabric of our buildings and fire safety work, financed mainly through the capital budget.

In response to changes in legislation with the implementation of The Children and Young People (Scotland) Act 2014, all of our children's units, including the residential unit at the Orchard, have link properties in the community, which can be used to accommodate young people who wish to remain in care beyond the age of eighteen. This creates a more age appropriate environment for older residents to remain in the proximity of the Units to allow for staff support. Prior to the legislation being enacted, practice within the Council had evolved to move away from the situation where young people were expected to move on from residential care at age 16 and all of our units have some young people aged 16- 18 which as well as meeting the expectations of the new legislation demonstrates our commitment to the principles of Corporate Parenting.

In Caithness a property, which has been linked to the children's unit in Wick for a number of years, is being developed to create a similar service in the North to that offered in Kilmuir Road, Inverness - to provide emergency accommodation for young people being accommodated on an emergency basis to avoid them having to be removed some distance from their families and familiar services.

We continue to commission services from Keys Cromlett and Barnardo's, which are subject to regular monitoring and review, both on an informal and formal basis.

The residential respite services for children and young people at Thor House, the Orchard and Staffin continue to be a well-used and valued resource for children and families affected by disability. There is an ongoing plan to create a specialist residential unit for young people with autism in the Inverness area.

Children's Fieldwork Services

Children's Fieldwork Services were reorganised during 2014, into multi-disciplinary Family Teams.

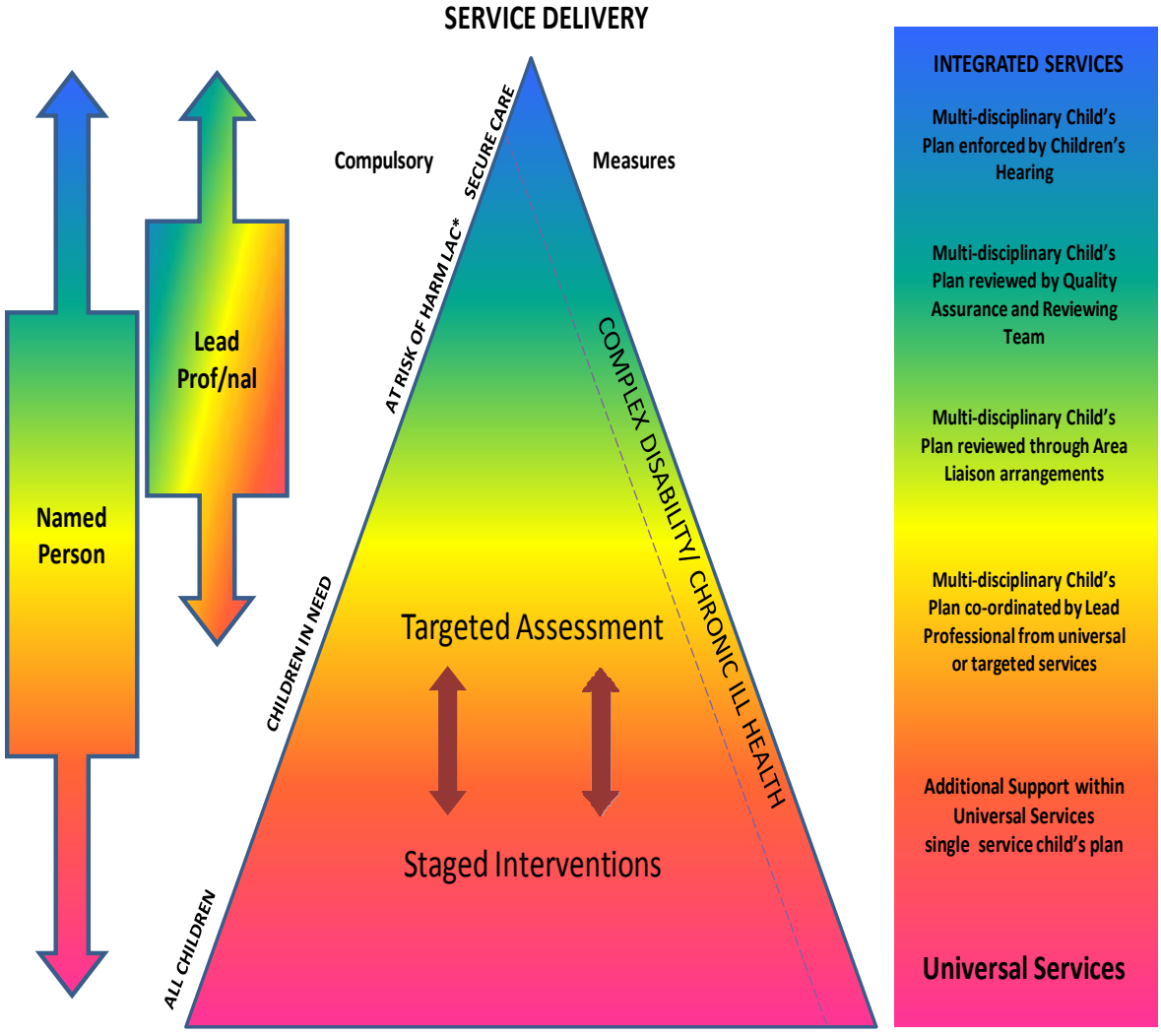
Family Teams deliver universal and additional public health services, as well as social care and child protection services for children in the context of the Highland Practice Model, as illustrated below. Teams are multi-disciplinary with an ethos of collaborative practice – within the team and with children, young people, parents and carers. The Family Teams work in communities with partner services from the associated school group, the area and from across Highland.

Practice Leads (for early years, for school years and for care & protection services) work together within the Family Team to provide a local integrated service to children and families. Practice Leads collaborate to support the work of the whole team, providing leadership and supervision to distinct but complementary areas of professional activity.

Child Health and Disability teams are an integrated and distinct part of the Family Teams network and deliver targeted services where the child's health circumstances and/or disabilities are more

complex. Youth Action team services for young people involved in offending are also delivered within the Family Teams network in each area.

The organisation of social work services available to children and their carers in Highland is intended to support the continuing development of proportionate and timely interventions. Social care practitioners are represented in the early years and school years resource in each Family Team, in addition to the registered social workers who assume specific care and protection responsibilities within the team.



* LAC = Looked After Child

Adult Social Care

In April 2014, the NHS Highland Board agreed its Strategic Commissioning Plan for 2014-19. The stated priority areas for 2014-15 were Care at Home provision: capacity, capability and quality, and Care Home provision: quality and flexible use. In the past year, strategic planning has focussed on services for older people, and the importance of developing community-based and preventative services.

Key areas of activity include development of a Quality Schedule setting out quality requirements of Care Home providers in the delivery of Care Home services and focussing on what service users and carers consider key quality areas to add value to daily living and seek to optimise their potential. This is distinct from the National Care Standards, which focus predominantly on safety and risk. The Quality Schedule compliments and draws on the 'My Home Life' programme, which seeks to improve the culture and approach to service delivery in Care Homes. This work is being progressed by the NHS Highland's Care Home Standards Group. Independent Quality Assurance is one component of the approach taken to ensure that the Quality Schedule is being delivered from the perspective of people who use services and their Carers. It focuses on outcomes, uses a person-centred approach and ensures that technology provides information quickly and in analysable formats.

In addition, the key milestones and areas of activity of the Adult Services Strategic Planning Group during 2014-2015 were on developing the role of the Improvement Groups and developing the strategic intentions for the following year. During 2014, there was also an opportunity to review the membership and remit of the group to ensure continued appropriate membership and a focus on deliverables.

In relation to the provision of a high quality Social Work service, recruitment to Social Worker posts has been a challenge in some areas. As a consequence, NHS Highland has taken steps to introduce a Trainee Social Worker Scheme.

2014 was a year of transformational change and the Self Directed Support team played an important role across NHS Highland around embedding SDS and adopting a much more person-centred approach to supporting people to remain at home.

The Social Care (Self-Directed Support) (Scotland) Act 2013 was implemented on 1st April 2014. In preparation, the Self Directed Support (SDS) Team delivered awareness sessions to frontline staff across Highland throughout the early part of 2014, thus ensuring staff are fully aware of the statutory duties imposed by the new legislation. Ongoing training throughout 2014 included 'Progress for Providers' training commissioned from 'Helen Sanderson Associates' for Care at Home Staff. There were also bespoke training sessions for NHS Highland's Senior Management Team and the Executive Committee which explored how Self Directed Support could potentially improve outcomes for service users and carers and change the approach to how social care services are delivered.

A 'Self Directed Support Awareness Week' took place in March 2015; this included an event hosted by Simon Duffy, which was attended by over 100 people.

Highland has been keen to develop Option 2: Individual Service Funds (ISF). This has included the development of a three- way agreement. Highland commissioned work from 'In Control Scotland' to examine 'Testing out Individual Service Funds and Spending a Budget Flexibility'. The report on this has been shared at a national level and has assisted other local authorities in their development.

Highland has liaised closely with the Scottish Government and The Alliance around SDS, Health and Integration throughout 2014-15. A joint meeting with Moray, Argyle and Bute Council and the Scottish Government SDS Policy Team was used to highlighted good practice around the development and implementation of SDS in the North of Scotland.

Throughout 2014, work was undertaken with frontline staff, service users and carers to develop a new outcome-focused assessment tool that incorporates a resource allocation system for adults. The SDS team worked closely with the 'SDS Highland Consortium' (funded through Scottish Government transformational funding) around peer support from people in receipt of SDS. These individuals are known as 'SDS Advisors'. In November 2014, the 'SDS Advisors' delivered a powerful presentation to the SDS Delivery Group sharing their individual stories and describing how they have enjoyed having greater choice, control and flexibility around the care and support they received.

In September 2014, an SDS Officer was seconded to a new multidisciplinary 'Community Discharge Support Team' based within Raigmore Hospital in Inverness. The aim of this was to embed the philosophy of SDS within an acute hospital setting, raising awareness and supporting nursing and medical staff to adopt a more person-centred approach in how they support individuals with their Social Care needs within a hospital setting.

The Partnership has strong arrangements for monitoring performance across Health and Social Care, reporting to the NHS Highland Health and Social Care Committee, visa the Balanced Scorecard: http://www.nhshighland.scot.nhs.uk/Meetings/HHSC/Pages/welcome.aspx

This was the third year of the Lead Agency arrangement, and it continues to be encouraging to see good practice that demonstrates the value and added benefits of being an integrated Health and Social Care service.

The development of Integrated District Teams continues to progress, with work being done to ensure the right help is provided at the right time. In this respect, the focus is on: developing the Single Point of Contact; ensuring that Health and Social Care inputs are streamlined and dovetail with each other; and on self-management and self-direction across all the areas of our activity. The role of the new Health and Social Care Co-ordinators is important in this – as is the focus on understanding the person's goals and motivations which is at the root of the Personal Outcome Planning approach. Reports to date suggest that where professionals, from whatever discipline, work alongside people to target meeting their identified personal outcomes the organisational tools and structures in place can really support them.

Co-location of health and social care staff has been a priority since integration in 2012. During 2014-15, Health and Social Care staff in Nairn and Invergordon were co-located. In the summer of 2014, Community Nursing, Social Work and Occupational Therapy staff moved into the newly

completed Dingwall Health Centre. The Inverness West Team began the process of Service Re-design, with co-location of the Integrated Team Members a planned outcome of this with the Inverness East Team beginning the process of bringing together Community Nursing, Social Work, Care at Home and Community OT into a single building. The aim thereafter is to develop a central Single Point of Access.

Major service redesign in Badenoch and Strathspey and in Skye, Lochalsh and South West Ross will see the closure of old hospital facilities and the development of new Integrated Health and Social Care facilities.

In addition, significant work has taken place across Highland to bring Hospital-based and Community-based Occupational Therapists into single teams. They are now working together as a single Occupational Therapy Service with a single Lead Professional and management structure.

District Change and Improvement Plans were developed during 2014. These enabled District Partnerships to better understand service provision within their Districts and to influence priority areas for improvement.

Delayed Hospital Discharge: 'Why not Home?'

In line with experience elsewhere in Scotland, NHS Highland continues to face challenges in relation to Delayed Hospital Discharge. This is reported on regularly in the Chief Operating Officer's Report to the Highland Health and Social Care Governance Committee. In October 2014, a multi-disciplinary Community Discharge Team was established. This was tasked with changing conventional thinking around hospital discharge through adopting a 'Why not home?' approach. This approach is based on the principle that older people wish to remain in their own homes as long as they can, but that much of our practice and our services work against that. The approach has been based on appreciative inquiry that recognises the strengths that individuals have and the right of older people to determine how they live their lives.

The Community Discharge Team has been supported to practise innovatively and challenge established culture and thinking both within the Hospital and in the Community. Local knowledge of available resources has been invaluable in being able to secure flexible packages of care, which draw on family and community resources, Community Nursing and Health Care Support, Care at Home and other local services that will support the person during the first weeks of their return home. Effective use of each of the SDS options has been central to this work.

NHS Highland is reducing the number of Delayed Discharges where people are waiting for a Care at Home services due to the Why not home? approach and changes in commissioning of care at home services. However, capacity issues within the Care Home sector present a major challenge in achieving a similar target in relation to Care Home placements.

How we are improving our Care Homes: 'My Home Life'

In February 2015, NHS Highland made a commitment to 'My Home Life'. This is a UK- wide initiative to promote the quality of life for individuals who live, die, visit and work in Care Homes for older people.

'My Home Life' is underpinned by an evidence base developed by researchers who have worked across the UK. The key themes are as follows: maintaining identity, sharing decision-making, creating community, managing transitions, improving health and health care, supporting good end of life, keeping the workforce fit for purpose and promoting a positive culture. The Programme is based on relationship-centred care which recognises the importance of relationships for the whole community of the Care Home.

Fifteen Care Home managers from across NHS Highland and the Independent Sector came together in the first Highland cohort. In addition, the NHS Highland Service Improvement Lead is being trained as a 'My Home Life' facilitator. This is the first time in the UK that an organisation has had one of its own staff trained as a facilitator and the national My Home Life team would now like to replicate the Highland approach across the UK. This approach is reflective of the commitment NHS Highland has made to improve the culture of Care Homes in Highland and ensure that older people have the best quality of life whether they live in an NHS Highland or Independent Sector Care Home.

Care Home Managers are encouraged to reflect on their own leadership and management style and consider how they can work in a way that good relationships can flourish. Adopting an 'Appreciative Inquiry' approach is essential and managers are enjoying this as they are being encouraged to look at what works well within their Care Home and to build on this. The Highland cohort is reporting a noticeable impact on practice. This is in line with the UK-wide evaluation. The confidence of Care Home Managers has increased in relation to their management and leadership skills; there is improved staff morale and retention; and a positive culture of care.

'My Home Life' has also fostered the development of community connections, involving communities in the development of Care Home services. There have also been community engagement events, where service providers have had the opportunity to learn what is important to the local neighbourhood and how value can be added to it from a community perspective. To date NHS Highland has been asked to consider the following: a local personalised palliative care bed , longer hours for day care services, including weekend provision , more rapid access to overnight help if required, and the possibility of receiving direct referrals from carers as a short term solution to an immediate issue.

Residents, families and staff are encouraged to be at the heart of the conversations and are key to improving services in a way which enhances the experience of Care Home living, working and visiting. In time the overall impact of this approach will be to develop Care Home services in a way which involves all the relevant stakeholders and making them fit for the future. NHS Highland is committed to supporting people by delivering a flexible service responding to individual need. This will contribute to supporting people to continue to live in their own homes for longer, whilst utilising Care Home services, as and when required.

<u>New lease of life for valued day centre</u>

Work began to transform an NHS Highland day centre in Sutherland into a "health and wellbeing hub", serving people from throughout the area who have dementia or mental health issues. In a pilot initiative, Beachview Lodge Day Centre in Brora will open under a new guise, with Easter Ross-based community interest company Engaging with Activity (EWA) offering a range of services on NHS Highland's behalf. NHS Highland staff will continue to work at the centre, and its eight service

users will continue to receive the services and support they currently get together with various enhanced services provided by EWA.

The vision is that the revitalised centre will play a wider community role in promoting the health and wellbeing of adults, regardless of their abilities or disabilities. EWA, who will bring four new service users to the centre when it is re-launched, will offer activities ranging from art and music to gardening and walking. The centre will offer anxiety and pain management support; advice surgeries on benefits and health and social care; exercise classes featuring, for example, Tai Chi and yoga; ceilidh and film days; reading and life history projects; and treatments such as aromatherapy and Indian head massage; and would provide a resource for organisations such as Men's Shed, a dementia group and a youth club.

Recognising the centre's new, wider role, it is to be renamed the 'Brora Village Hub@Beachview'.

'Reaching High' Event

The aim of this successful January 2015 event was to outline NHS Highland's vision for delivering high quality Health and Social Care services across Highland, promote and share examples of innovative and good practice from across Highland, to provide an opportunity to find out more about services and initiatives in each District, share experiences of delivering Health and Social Care services in Highland and celebrate the successes and progress made so far. 136 Delegates from across NHS Highland, Highland Council, District Partnerships, Independent Sector and Carers groups attended this event and commented on the value of networking and finding out what was happening across Highland through the presentations and 'market place' information stalls.

Performance against priorities highlighted in CSWO report 2013/14

A priority area for NHS Highland and Highland Council has been realising the benefits of new legislation, including the Self-directed Support (S) Act 2013, to support children who have a disability through their journey into adult services. Although progress is being made, significant work still needs to be done to improve the young persons experience during Transition. Collaborative working is essential and the aim is to maximise and take advantage of the many community-based opportunities available across Highland.

The SDS Team has been working closely its Third Sector partner 'Health and Happiness' in this regard. One of the agency's workers is currently based with the Team three days per week with a specific focus on Transition. In particular, the worker's role is to work with staff in the Council's teams for children who have a disability and NHS Highland's Integrated District Teams. This work is demonstrating a more effective asset-based approach to community development and has assisted in ensuring a much more inclusive approach for people moving on from a school environment.

A working group, aptly named 'Highland Creations Workshop' has recently been established in Inverness to create greater community capacity within the Inverness area. This initiative is being informed by work undertaken in Lochaber, and in particular by the 'Nimble Fingers' project, which has been successful in promoting social inclusion through craft activities. The Project is an exciting community initiative which involves people with a learning disability working with young people from Lochaber High School around being active citizens in their local community. It has recently

sparked interest at a national level and welcomed a visit from the Scottish Government's Rural Parliament on 24 November 2014.

In recent years, personalised SDS support packages have been developed to support young people who have a physical disability and Asperger's Syndrome to successfully attend university, with some inspirational stories of young people being able to further their academic careers through the creative use of direct payments.

Care Inspectorate gradings

In response to the low grades being awarded by the Care Inspectorate to Care Homes across Highland in 2013/14, a Care Standards Steering Group was established with strong Social Work representation to develop an improved, standardised approach to service improvement by all the different professionals involved. Scottish Care is represented on this Group, reflecting the growing partnership approach with Third and Independent Sector care services. In 2014/15, NHS Highland Care Homes and NHS Highland Care at Home service showed consistent improvement in their Care Inspectorate gradings. As part of its Commissioning Strategy, NHS Highland has made a commitment that from 2019 it will not commission services where the Care Inspectorate award grades of 3 or less.

Continuing and sustaining the implementation of Self-directed Support

The four options of Self Directed Support are now being offered routinely across Highland. Health and Social Care staff have received extensive training to help them shift their practice from that of being a Care Manager and gatekeeper of services to practice that is firmly based around assets-based, outcome-focused assessment and care planning that promotes independence and self-care. This is a joint activity undertaken with Service Users and Carers, very much with the person at the centre of the process. A new tool called the Personal Outcome Plan is being introduced to assist staff both to focus on the personal outcomes most important to the person at the centre their work, and to ensure that, between disciplines and professionals, the right information is shared at the right time.

The dedicated Self Directed Support Team continues to provide support and guidance, and works closely with Third Sector partners to support the creation of innovative, personalised care and support solutions for people.

Example of good practice and innovation: Self Directed Support – Integrated Service Fund
Innovative practice can be evidenced in communities such as Boleskine, on the southern side of Loch Ness, where NHS Highland has worked with an established Third Sector Care at Home provider and the local community using SDS to secure home-based care and support solutions that has facilitated discharge from hospital. A non-traditional model of Individual Service Fund was used which enabled a local community group to take on the responsibility for scheduling care to suit the needs of individuals. It is particularly encouraging to see work such as this being undertaken in remote and rural communities where traditional services cannot be sustained, whereby creating flexible solutions in areas where there has been unmet need. It is especially encouraging to see other communities seeking support to establish more projects of this type.

Improving Transition between Children's Services and Adult Services

Transition planning is about assisting young people to acquire the knowledge and skills that enable them to make decisions about their future as they move into adulthood. All young people go through this period of change, but for young people with additional support needs, it can be more complicated for a number of reasons. Young people moving through Transition are not a homogeneous group in that they may come from a range of backgrounds. Some may live at home with their families whilst others may be looked-after and reside with foster carers, kinship carers or in a residential setting. Whatever their background or their circumstances, all young people with additional support needs have a right to express their hopes and aspirations and play an active and meaningful role in deciding their future and shaping any ongoing, personalised care and support.

The Partnership Agreement between Highland Council and NHS Highland states that the agencies will ensure that "clear partnership policies and appropriate procedures are in place, to effectively manage transitions into adult services for young people who have care, health and support needs".

The Performance Framework for Children's Services includes an outcome measure regarding the "effective handover of planning and support arrangements for people with continuing needs". In addition, the Adult Services Performance Framework includes targets to increase "the number of people with learning disabilities who are in further education" and "in paid employment".

An Improvement Group to address 16+ Transition now convenes twice yearly under the joint leadership of the Chief Executive (Highland Council) and the Chief Executive (NHS Highland). This Group includes a Director of Operations (NHS Highland), a Highland Council Elected Member, two parents, the Principal of UHI Inverness College, the Director of Care and Learning, the Director of Development and Infrastructure, Head of Housing, Development Officer (Disability), the Depute Head Teacher of Drummond School, the Chief Executive of the Calman Trust, an Area Manager, and representatives of Skills Development Scotland and Job Centre Plus.

<u>Access to policies, procedures and key information</u>

One challenge for Adult Social Care staff following integration had been around access to policies, procedures and key information. A new area of the NHS Highland website has been developed which now allows universal access to staff. This initiative has been very favourably received by staff as it provides a single point where professionals can access the legislation, policies and procedures they need to practice competently and confidently. The site also provides a range of information for service users, carers and the wider public about Social Work and Adult Social Care in Highland.

Criminal Justice Social Work

Criminal Justice Social Work Services provide a quarterly performance report to the Northern Community Justice Authority and this is reported to The Highland Council criminal justice sub-committee. This details performance across a range of quantitative and qualitative measures and how criminal justice contributes to the 3 key outcomes in National Outcomes & Standards for Social Work Services in the Criminal Justice System (2010) – community safety & public protection; the reduction of re-offending; and social inclusion to support desistance from offending – and National Outcomes, particularly "We have improved the life chances for children, young people and families

at risk; We live our lives safe from crime, disorder and danger; We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others; and Our public services are high quality, continually improving, efficient and responsive to local people's needs."

Copies of full performance reports can be found at http://www.northerncja.org.uk/NCJA-Meetings-Minutes-and-Papers

The 2014/15 Community Payback Annual report will detail the overall progress regarding Community Payback Orders (CPO). This is due to be submitted by 31 October 2015. 587 CPOs were made during 2014/15 (576 in 2013/14). The 2013/14 report details significant achievements, particularly regarding the personal achievements of offenders on unpaid work & other activity requirements – e.g. "New skills to enable future employment prospects"; "The satisfaction of helping people who are really in need of it"; "Mixing as a team, keeping physically fit, learnt new labouring skills, learnt why I was here in the first place. A reason to be involved with something through the week"; and from beneficiaries – e.g. "The work that was carried out was such a big job & both workers and supervisors never stopped. The end result has gone way beyond my expectations. It is amazing the transformation. I know it will change my life as I have always enjoyed gardening"; "A big thank you to all involved as the work has been of great benefit to the nursery children and we would have struggled to get the job done ourselves."

The annual Aggregate Return, detailing quantitative data on other Criminal Justice Social Work, is still being finalised. However, subject to ratification, the number of criminal justice social work reports completed was 813 (877 in 2013/14) with 94.5% being submitted on time (noon the day before the court hearing); and 36,636 hours of unpaid work were successfully completed.

Within Highland, Criminal Justice Social Work has reviewed the performance management information provided to managers. A Quarterly Analysis Report (QAR) is now provided to managers with statistics for 3 key areas: People, Process and Practice. The report also provides analysis and summary of findings. Significant work was undertaken to ensure information collected is relevant and to engage with staff at all levels in data collection and to show the importance and relevance to them.

Criminal Justice Social Work was subject to an internal audit, the purpose being to carry out a review of the administration of unpaid work orders and to ensure procedures and policies are in place and being adhered to. This involved site visits. The final report was presented to the Audit & Scrutiny committee in May 2015 and concluded "It is the opinion that Reasonable Assurance can be given…that…the system is broadly reliable"; implementation of the action plan arising from the recommendations in the audit will be a focus during 2015/16 and an improvement priority.

Criminal Justice Social Work continues to receive regular, very positive coverage in the media. For example, the Inverness Courier published a half-page article on 2 January 2015 entitled 'Offenders face rigours of payback'. One offender is quoted as assaying "I am learning a bit about joinery – how to build things. It is definitely a better alternative to jail but I would not say it is an easy option. They do work us quite hard here." A pensioner explained how she had twice been ripped off by contractors regarding fencing work and asked for help from community payback; she said "I really do not know what I would have done without their help. The guys (offenders) were really

helpful; they were just normal guys (and) had a sense of pride in their work." The John O' Groat Journal ran a similar article on 5 December 2014 entitled 'Work scheme tackles jobs nobody else wants – offenders' payback as they help improve communities.'

The Statistical Bulletin published by Scottish Government on 31 March 2015, the most recent set of data, shows the national reconviction rate has fallen by 1 percentage point, from 29.6 for the 2011-12 cohort to 28.6 per cent for the 2012-13 cohort. In Highland, there were 1,519 offenders and the reconviction rate was 25.9, well below the national average and a reduction from 26.7 in 2011/12. The average number of reconvictions per offender was 0.43, again below the national average of 0.51.

One key challenge for Criminal Justice Social Work will be contributing to the development of the new arrangements for the delivery of community justice through Community Planning Partnerships. Since 2012 a criminal justice sub-committee has overseen the delivery of criminal justice social work and the Education, Children & Adult Services committee and CPP have approved the expansion of the sub-committee to include those agencies responsible for the delivery of the community justice agenda. £50,000 is being made available annually for up to 3-years to CPPs through the local authority by the Scottish government to assist with the transition from Community Justice Authorities, including the development of a local plan by March 2016 to deliver the national strategy (currently being written).

During 2016 it is expected that the Multi-Agency Public Protection Arrangements (MAPPA) will be extended to take into account of other offenders, notably violent offenders. The definition is likely to be 'Any person convicted of an offence if, by reason of that conviction, the person is considered by the responsible authorities to be a person who may cause serious harm to the public at large AND that risk of serious harm is considered by agencies to be high or very high and requires active multi-agency management at MAPPA Level 2 or Level 3 OR by virtue of that conviction is required on release from custody to be under supervision by any enactment, order or license and the risk of serious harm posed is assessed as requiring active multi-agency management at MAPPA Level 2 or Level 3.

Since 2010, Criminal Justice Social Work has an equivalent process for managing violent offenders developed in collaboration with legacy Northern Constabulary. Although Criminal Justice Social Work is well placed to manage this extension, for which it will be the lead agency, there will be challenges, including resources and the use of ViSOR (a UK-wide violent and sex offender register) as Criminal Justice Social Work will be responsible for creating and managing nominals on the system.

There has been a significant focus on, and consequent improvement in, health and safety within the delivery of unpaid work. This has encompassed wide ranging and intrusive site visits by an H & S technician of all unpaid work units (6) and reports and improvement plans being developed for each. Training has been delivered; for example, relevant staff, including managers, have completed risk assessment training and moving & handling training.

Maintaining Links

In terms of maintaining professional links between workers based in NHS Highland and the Highland Council, the Chief Social Work Officer and Director of Adult Social Care meet regularly for professional supervision. In addition, the Lead Social Work Officers in NHS Highland and Lead Social Worker in Highland Council meet regularly. There are strong links between Highland Social Work Leads and the Social Work Advisor to the Scottish Government. In addition, the Chief Social Work Officer and the Director of Adult Social Care are members of Social Work Scotland.

The Scottish Association of Social Work has re-established its presence through the activities of the North of Scotland Branch. A number of different practice events took place during 2014-15.

6. Statutory Functions

Fostering and Adoption Service

The Fostering and Adoption Service is responsible for the recruitment, assessment, supervision, support, review and training of foster carers and prospective adopters. The Service continues to work with and provide support to adopters post adoption when the children are no longer "Looked After" and provides a search and counselling service to adults affected by adoption. These duties of the local authority are set out in the Adoption and Children (Scotland) Act 2007, Looked After Children (Scotland) Regulations and Guidance 2009, National Standards – Family Placement and the Children (Scotland) Act 1995.

Following the completion of the National Foster Care Review in 2013, the Scottish Government has begun to introduce amendments to the Adoption and Children (Scotland) Act 2007 and regulations, and most of these will be finalised during 2015-2017.

The amendments include a limit on the number of unrelated children who can be placed with carers, introduced on 29th December 2014, standardising placement descriptors by 2017, introducing a learning and development framework for foster carers, creating a national foster carer database and setting a national minimum rate for fostering allowances and fees.

Alongside this the implementation of the Children & Young People (Scotland) Act 2014 will introduce a number of significant changes for looked after children, including the right for them to remain with their foster carers beyond 18 years of age and to seek help and support up the age of 26 years. Highland Council is in a positive position regarding these changes as we have encouraged and supported young people for a number of years, to remain with their carers with the support of Barnardo's Through Care and After Care service, well into their late teens and early twenties.

The Act will also put the use of Scotland's Adoption Register on a statutory footing. The register was set up in 2011 and was designed to increase numbers of adoptions and speed up the process for children who had been identified as in need of an adoptive family. The new legislation will make it a legal requirement for all local authorities and adoption agencies to provide information to the register to increase the opportunity which will help ensure children are matched with the right

family as soon as possible. This will potentially increase the pool of prospective adopters available and will reduce the time children wait to be placed.

Child Protection

The biennial child protection report was published in May 2015 - http://www.highland.gov.uk/download/meetings/id/68150/item_17_child_protection_committee_biennial_report_april_2013_-_march_2015

This provides:

- an account of progress against the previous year's plan and of the execution of the CPC's functions, which can be summarised as continuous improvement, strategic planning, public information and communication
- information on the level and quality of interagency work;
- some comparison across CPCs and year on year trends for individual CPCs;
- improvement priorities for the coming year.

Self--evaluation and bench-marking against best practice are embedded across children's services and this was cited as an example of good practice in the Joint Inspection Report published in April 2014. Inter-agency Guidelines to Protect Children and Young People in Highland were reviewed and updated, alongside the Highland Practice Model, and published in the summer of 2015.

The inter-agency and core training around Child Protection and the Highland Practice Model were reviewed and updated. In-house training has also been reviewed and additional trainers trained. In total 9706 participants accessed child protection training between April 2013 and March 2015.

Acting on findings from audit, the use of Child Protection Orders as an emergency measure has been reduced in line with the national average.

Improvements continue to be made in communication with children and their families, including increased advocacy provision and a review of methods and materials used to communicate information and to capture viewpoints.

The Biennial Report includes the various actions taken to improve against the following outcomes from the integrated children's services plan:

- Outcome 1: Children are protected from abuse, neglect or harm at home, at school and in the community.
- Outcome 2 - Children are well equipped with the knowledge and skills they need to keep themselves safe.
- Outcome 13 - Children and Young People and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

The report describes in detail how the CPC works within both the Integrated Children's Services and the Public Protection structures to take forward SOA priorities 5 and 6 towards National Outcome 8 – 'We have improved the life chances for children, young people and families at risk'.

The report details the variety of media used to promote awareness of child protection issues and to advertise the single point of contact for the public to refer their concerns to. Since changing this to a Freephone number, in 2013, referrals from the public have risen by 25% to approximately 1 a week. These peak during radio campaigns, which are run at least twice yearly.

High profile national cases raised awareness of parental substance misuse, mental ill health and neglect issues across the UK, resulting in an increase in referrals and greater caution in dealing with evasive parents. The difficulty in engaging some of these families voluntarily, and the relapsing nature of some harmful parental behaviour, is likely to have fuelled the rise in registrations across Scotland.

Highland trends mirror those across Scotland and across its demographic comparator Local Authority areas. However, changes have been more marked in Highland:

- Investigations rose by 22%, from 538 in 2013 to 658 in 2014
- The number of referrals resulting in a Child Protection Child's Plan Meeting, in Highland, in 2014 was 244 (an increase of 27.1% from 192 in 2013). The comparator authorities show an increase of 12.2%, and the Scotland figures show an increase of 4.7%.

Despite these increases, Highland child protection registration rates per 1,000 remain below both the comparator authority average rate, and the Scotland average rate.

Self-evaluation and analysis of trends informed the CPC annual review of the Improvement Plan. There was consensus that the CPC should continue to prioritise work to protect the most vulnerable groups:

- Children with disabilities
- Children affected by parental substance misuse
- Children experiencing sexual abuse or exploitation
- Children affected by domestic abuse
- Children affected by parental mental health issues
- Encouraging self-protective behaviour and self-referral
- Responding to the needs of an increasingly diverse population

Additionally, it was agreed that there should be specific activity to improve the efficacy of the CPC in the execution of its functions, including:

- Implementation of the updated Training Strategy
- Review of management information sources
- Development of a systematic strategy for quality assurance of child
- protection processes
- Review of processes for case review and dissemination of learning

Adult Support and Protection

The Lead Adviser (Adult Support and Protection) provides professional support to the Adult Support and Protection Committee and is a valued resource for Health and Social Care professionals across Highland.

There have been both positive developments and key challenges over the last year. One key challenge has been the increase in the number of large scale Adult Support and Protection investigations in Care Homes. A 'Large Scale Investigations Protocol' was developed in 2013 to complement the 'Multi-Agency ASP Procedures' and this has been well tested. The Protocol has ensured a robust, multi-disciplinary response to what have largely been concerns around alleged and actual neglect of residents. Informed by learning from the investigations that have been undertaken to date, the Protocol has now been reviewed and updated.

A robust Adult Support and Protection Training Strategy and Plan has ensured that training and staff development has moved from the initial Levels One, Two and Three training programmes to more bespoke, targeted approaches which better meet the needs of different groupings across the whole workforce, including staff from the Third and Independent sectors. Alongside the development and implementation of the Large Scale Investigations Protocol has been the roll out of a bespoke one-day programme of learning for Care Home staff. This programme has resulted in more reports of harm coming from staff.

Another challenge, shared with colleagues across Scotland, is the development of agreed systems and protocols with Police Scotland for sharing and recording appropriate Adult Support and Protection concerns. We are working to improve our systems across the 'journey' of an Adult Support and Protection concern from receipt and recording on CareFirst to final review. This work was initiated as a result of Data Collection being one of Scottish Government's Adult Support and Protection national priorities. Whilst we know there is still work to be done on our approach, regular case file reading exercises confirm improvements in recording on the sample of Adult Support and Protection cases scrutinised. The case file audit experience is also providing assurance that people who are at risk of harm are being afforded a good standard of service. This work is being taken forward under the auspices of the Highland Adult Support and Protection Improvement Group.

One positive development which reflects another national priority area is in relation to Financial Harm. The Financial Harm Sub-Group we have formed has worked with the Service User Network to produce a Financial Harm leaflet for Highland-wide distribution. It also works with colleagues in the Police and Trading Standards to develop a shared approach to doorstep crime, scams etc. The Group is also agreeing the content for specific Financial Harm training which will be rolled out early in 2016.

There are other positive developments to note including:

- a review of the Highland Interagency Procedures is underway to better reflect our integrated environment
- the quarterly Adult Support and Protection Bulletin, now in its third edition, is reaching more and more of the Adult Social Care and other relevant workforces and we have started to produce 'single area of harm' information leaflets. The Financial Harm leaflet is mentioned above and the next leaflet will be on Self Harm.
- more and more partners from all sectors and from service user and carer organisations are joining us in an increasing range of sub-groups and 'task and finish' groups sharing a commitment to improvement and to deepening awareness and understanding about adult protection in all its forms

Highland Appropriate Adult Service

Highland Appropriate Adult Service (HAAS) has produced revised Guidance and Procedures to support the recruitment, training, operation, support and monitoring of Appropriate Adults in the Highlands. The new guidance was approved by the Health and Social Care Committee on 9 July 2015.

The Service is managed by a part-time Coordinator who reports to and is accountable through the HAAS Improvement Group chaired by the Lead Adviser, Adult Support and Protection.

The new Guidance and Procedures reflect the establishment of a more robust approach to service management and an incremental move towards the establishment of an Appropriate Adult Bank which can be accessed during the day and out of hours. The revised approach and development of a Bank system supports improvement in the management of service requests from the Police and reduces the impact on NHS staff.

New Director of Adult Social Care post

The Director of Adult Social Care took up post in July 2014 and the new role has shown its effectiveness in raising the profile of Social Work and Adult Social Care in the integrated service. Together with the new Social Work Leadership Group, this is ensuring a strong leadership voice for Social Work and Adult Social Care.

Highland Adult Social Care Practice Forum

Separate from the management structures, the Highland Adult Social Care Practice Forum is unique to Highland, and has been established to coordinate and formulate advice from Adult Social Work and Social Care professionals to the NHS Highland Board. The Forum is chaired by Janet Spence, Head of Care Services Improvement, and its membership is drawn from a range of staff at different levels. The Practice Forum enjoys the same status as the Area Clinical Forum and its Chair attends the Board and the Highland Health and Social Care Governance Committee. This provides a huge opportunity to raise awareness of the Social Work profession and for Social Work to inform and shape key Health and Social Care policy initiatives.

Mental Health Officer Service

Following Integration of Health and Social Care, progress continues to be made in all relevant areas as the role of the Mental Health Officer has rapidly evolved in Highland. MHOs have a clear and confirmed role as officers employed by the Local Authority and their additional training and qualification empowers them to carry out specific legislative duties under all current relevant Mental Health legislation.

A significant area of progress is in the relationship between Mental Health Officer and the Responsible Medical Officer (RMO), and medical staff in general. Medical colleagues/professionals appear more informed in relation to the role and responsibility of the MHO, which differs significantly from the previous dual role of SW/MHO, and are becoming increasingly more reliant on MHOs to support and help them navigate through complex areas of mental health law.

MHOs existing and increasing confidence in dealing with this highly specialised area of practice allows them to assist medical colleagues in the interpretation and implementation of the law. Additionally, being seen as neither medical/social work staff allows the MHO to appropriately advise and facilitate in relation to the underlying principles of the Adults with Incapacity (Scotland) Act 2000 and Mental Health (Care & Treatment) (Scotland) Act 2003. An example of this can regularly be seen in relation to 'least restrictive' principle. Lack of familiarity/confidence in interpreting legislation can sometimes result in professionals becoming risk averse and part of the emerging role of MHO has been in supporting medical and social care teams/professionals to make decisions predicated on the underlying principles of the Acts.

Following Integration of Health and Social Care, MHOs now routinely attend pre guardianship case conferences. Being free from care management duties allows MHOs to work closely with clients' families/carers in their clearly defined MHO role. There is acknowledgement that there have been a number of cases where this has resulted in a more productive and less antagonistic relationship between a client's family and the hospital/care team.

Clients becoming Delayed Discharges are now identified and quickly referred for MHO allocation allowing medical/care staff to work closely with all involved to ensure plans in place to facilitate appropriate outcomes. There can be a delay in progressing a welfare guardianship application due to difficulty in obtaining medical certificates. MHO involvement at an early stage can ensure this issue is appropriately addressed. There can also be delays when a family has expressed their intention to apply for Welfare Guardianship, but progress is slow or not happening.

Updated Highland Practice Procedures have recently been completed for Adults with Incapacity (Scotland) Act 2000. Practice Guidance for Delayed Discharge and Guidance for the use of 13ZA have also been completed. All are currently in the process of awaiting final approval and sign off.

A comprehensive training program over the forthcoming 12 months for Adults with Incapacity (Scotland) Act 2000 training is currently being finalised and will be delivered across all parts of Highland starting in September 2015. The Mental Health Officer Service and Legal Services will be responsible for delivering this training jointly with NHS Highland.

An MHO duty rota is fully operational ensuring there is always an MHO available to respond to request for intervention under MHA legislation. The Service operates a community as well as hospital duty rota in response to the challenges of responding to requests for MHO in rural and remote parts of Highland and ensures equitable distribution of work throughout Highland.

<u>Mental Health (Care and Treatment)(Scotland) Act 2003</u>

There are different orders allowing a person to be assessed or treated depending on individual circumstances. The table below shows the number and type of orders commenced in Highland over the last 3 reporting years. The permissible duration of each order is given in brackets. The information demonstrates that there has been an overall increase in EDCs and STDCs. Last year's increase in CTOs has reduced slightly to the same number as 2013/14. The increase in the use of EDC and STDC represents a significant increase in demand on the MHO Service as both of these orders place specific legal duties on the Local Authority MHOs.

Completed Assessments

	2011/12	2012/13	2013/14
EDC - Emergency Detention Certificates (up to 72 hours)	129	164	169
STDC - Short Term Detention Certificates (up to 28 days)	196	221	245
CTO – Compulsory Treatment Orders (up to 6 months/reviewed annually/hospital or community based)	82	94	82
Totals	**407**	**479**	**496**

Percentage increase from 2011/12 to 2013/14 = 21.86%

Social Circumstances Reports

Social Circumstances Reports (SCR) should be completed following a Short Term Detention Certificate. The Mental Welfare Commission continue to promote the completion of SCRs in line with their published guidelines and include this as part of their annual reporting on how the Mental Health Act legislation is being used across local authorities and health boards in Scotland.

Provision of completed SCRs in Highland over the last 3 reporting years

2011/12	2012/13	2013/14
15%	35%	49%

Scottish average is 38% completion

This is a significant improvement of SCR completion since 2011/12 in Highland also taking into account the increase of Short Term Detention Certificates during this time.

Adults with Incapacity (Scotland) Act 2000

The MHO Service received 162 referrals for AWI interventions, including requests for MHO attendance at pre guardianship case conferences. The service undertook the following recorded activities over the 3 year reporting period.

2011/12	2012/13	2013/14
Local Authority 37	Local Authority 46	Local Authority 35
Private 61	Private 43	Private 77

Percentage increase from 2011/12 to 2013/14 = 14.28

Throughout Scotland there has been a gradual decrease in the percentage of orders granted during the past few years where the primary cause of incapacity was dementia. There has been an increase in the granting of orders for adults where the cause of incapacity was learning disability. This trend is reflected in Highland where the percentage of orders for dementia was 54% and learning disability 36%.

It may be that the increased use of Power of Attorney, as reported by the MWC, is beginning to have a moderating effect on the number of people with dementia who require guardianship orders, given that the majority of Powers of Attorney are granted by people over 65 years of age.

Due to the increase in demand on the service it has been necessary to introduce a waiting list for intervention under AWI legislation. This reflects the pressures and demands on the service having to prioritise Delayed Discharge patients in hospital and private and local authority applications for individuals in the community.

The recent Cheshire West ruling and decision poses challenges to the operation of incapacity law in Scotland as it currently stands. The UK Supreme Court's view on the definition of 'deprivation of liberty' considerably broadens existing interpretations in Scotland which have been held, for the most part, by health and social services. These interpretations have evolved over the years from accepted common practice but have been further informed by the Scottish Government's guidance in CCD5/2007 following the amendment to the Social Work (Scotland) Act 1968 with the introduction of 13ZA.

The Scottish Law Commission has reported on proposed legislative changes. It is expected that the Scottish Government will have to respond to this and consult on what they consider necessary amendments to existing legislation. In the meantime, services need to operate within the existing statutory framework and be informed by developing case law.

The Cheshire West decision highlights the importance of ensuring that there is a proper and auditable process for taking decisions on care arrangements for people who lack capacity, and that this process fully reflects the principles of the 2000 Act.

The MHO Service is committed to ensuring that the above is taken into consideration when carrying out duties under AWI 2000, ASP 2007 and MHCTA 2003 jointly with NHS Highland.

As part of The Mental Health Officer Service there are specialist Forensic Mental Health Officers based at New Craigs Hospital, Inverness.

The Forensic Mental Health Officer Service is a specialism within a specialism. It is staffed by three Forensic MHOs (one senior practitioner and two main grade officers), all of whom have substantial experience and expertise in the criminal justice system. Each Forensic MHO has a live criminal justice social work practice commitment. Forensic MHO practice requires

- an understanding of the relationship between mental disorder and crime
- a detailed knowledge of the legislation relevant to civil psychiatric patients and to mentally disordered offenders
- an enhanced understanding of the interface between the mental health system and the criminal justice system.
- an ability to function within all parts of the Criminal Justice System (Police, Courts and Prisons) as well as in health and social work settings
- the application of advanced forensic risk assessment and risk management procedures

Forensic MHOs work exclusively with mentally disordered offenders - defined as those who are "considered to suffer from a mental disorder and come to the attention of the criminal justice system or those whose behaviour poses a risk of such contact." (Scottish Office 1999)

Forensic MHOs undertake the following duties:

- Statutory interventions/assessments under the Mental Health Act (both civil and criminal procedures)
- Provide an day-time on-call duty system for those in custody.(Police cells, court and prison in-reach)
- Group Work
- Joint working (Community Mental Health Teams, Criminal Justice Social Work)
- Undertake and provide forensic training
- Provide an advice, support and consultation service to partner professionals
- Are qualified in and undertake 14 advanced forensic risk assessments and risk management planning.

Forensic MHOs work with multi agency partners such as Criminal Justice Social Work, Police Scotland, Crown Office and Procurator Fiscal Service, Sheriff and High Courts, Her Majesty's Prisons, MAPPA (multi agency public protection), Scottish Government Mental Health Department and NHS under the over-arching remit of public protection.

Forensic MHOs work with inpatients (low, medium and high secure hospital settings) and with outpatients in the community who are subject to statutory mental health legislation and possibly concurrent criminal justice legislation.

<u>Referrals</u>

There has been a steady increase in this number since the inception of the Mental Health Officer Service on 1st April 2012. The current rate is approximately 12 new referrals per month.

<u>Breakdown of current Forensic MHO Caseload as of 17/07/2015</u>

TOTAL NUMBER OF CLIENTS	55
Assessment Orders	0
Treatment Orders	1
Compulsion Orders	9
Interim Compulsion Orders	1
Temporary Compulsion Orders	1
Transfer for Treatment Directions	1
Hospital Directions	2
Compulsory Treatment Orders	11
Compulsion Orders & Restriction Orders	11
Guardianship Orders	1
Criminal Justice Supervision with Mental Health Requirements	14
Orders for Lifelong Restriction	3

The Mental Health (Scotland) Bill – Consultation

The Mental Health (Care & Treatment) (Scotland) Act 2003 has been in operation since October 2005. The widespread view is that it has been a significant advance on the previous 1984 Act. However, as can often be the case with new legislation, it became clear as practitioners and service users became familiar with the new Act that there were some aspects that weren't working as effectively or efficiently as might have been hoped. The Scottish Government therefore issued the draft Bill and followed this by issuing a consultation seeking views on proposals of the Bill.

The Bill brings forward changes to improve the operation of the MH Act and importantly, also proposes a number of changes and additional duties to the role of Mental Health Officers. It is likely that the proposed changes will significantly increase demands on MHO time and capacity and we will need to address these issues as part of future work force planning. The Mental Health Bill is currently awaiting Royal Assent having undergone the 3 stages through Parliament.

SSSC are currently undertaking a short study which will inform their understanding of workforce capacity and the current landscape for Mental Health Officers (MHOs) in Scotland. This work is being undertaken by the Office of the Chief Social Work Adviser. The final report for this commissioned study is currently awaiting ministerial approval and it is anticipated that the report will be published shortly.

The creation of the MHO Service in Highland has been a positive development. The role of the MHO as a practitioner, independent from the health service, was always considered as a fundamental protection built into the legislation, for clients/patients. We have developed this further in Highland by ensuring that we have sufficient numbers of MHOs available to undertake the statutory duties and responsibilities, and who can practice without the competing demands of carrying responsibilities both as a care manager and MHO. This has allowed MHOs to gain confidence in their practice, significantly develop skills and knowledge and be available to provide support, assistance and guidance to their colleagues in both Health and Social Care.

The MHO Service has delivered a number of training opportunities to NHSH and partners throughout the past year on Adults with Incapacity (Scotland) Act 2000. Quarterly MHO Forums are established and have included presentations and workshops from a variety of organisations and partners – Advocacy, HUG, OPG, MWC, NHS, Solicitors, CAMHS and most recently in June 2015 Dr Joe Morrow, President for the Mental Health Tribunal Service attended and gave a presentation and spent the day discussing and offering advice on complex issues pertaining to MH legislation.

There is an established structure to manage and support the delivery of Mental Health Officer Services in Highland. These arrangements provide a managed MHO Service that meets the Highland Council's statutory duties to appoint Mental Health Officers as per Section 32 (1) Mental Health (Care and Treatment)(Scotland) Act 2003. The Service has a number of important links in place with other agencies such as HUG, Advocacy Services as well as formal links with Social Work Scotland, SSSC, SASW and various user and carer networks.

- **HUG (Action for Mental Health)** – Established links are in place. We are keen to maintain and strengthen the links across our services and work together on common themes such as re-instating the Local Implementation Groups where they have ceased (fits with the

Inequalities agenda) and raising the profile of people experiencing MH issues in remote and rural areas and their access to services (reciprocity and resources in general)

- **Highland MHO Forum** – Highland MHO service has established a programme of quarterly forums and is working to establish stronger communication with other MHO and MH services in neighbouring authorities (Argyll & Bute, Western Isles, Moray) and nationally in order to share CPD opportunities and improve communication on service developments and common themes.

- **MHO Service** – Leaflet is available on the Internet and is aimed at service users, carers and professionals.

The Mental Health Officer Service Management Team, alongside some NHS and Highland Council colleagues, have identified lack of staff being supported to coming forward for MHO training as a matter requiring priority consideration and development if we are to avoid a deficit of MHO availability in Highland in the near future. The average age of the MHO work force in Highland is 58 and so retirement of the current workforce is relatively near. There is also an increasing demand for the service with no additional resource to meet this demand. This is a national issue currently being raised with Scottish Government.

There are currently two confirmed candidates undertaking the MHO post qualifying award at RGU, Aberdeen. There was only one candidate in 2014/15.

The MHO service was recently audited. An action plan has been drawn up to address issues raised. The main focus is around addressing the waiting list for Adults with Incapacity referrals, Carefirst training and adequate Admin Support to comply with the National Standards for Mental Health Officers.

Criminal Justice Social Work

The performance of the Multi-Agency Public Protection Arrangements (MAPPA) will be detailed in the 2014/15 Annual Report. This is due to be submitted by 30 September 2015. The most recent report for 2013/14 (which also includes the 3 Island authorities) records that only 1 offender was convicted of a further offence that year and 7 were breached and recalled to custody; there were 271 registered sex offenders recorded.

A thematic review of MAPPA is being undertaken nationally by the Care Inspectorate and Her Majesty's Inspectorate of Constabulary, which started in 2014/15 and will be concluded in autumn 2015. A number of improvements have already been identified by the local Highland & Islands MAPPA Management group following the positional statement that was required to be completed in early 2015 for the review and delivery of this will be an improvement priority.

All criminal justice social workers are trained in the nationally accredited Level of Service & Caser Management Inventory (LS/CMI) risk and needs assessment tool that is the foundation of all interventions. In addition, relevant social workers are trained in more specialist risk assessment tools, i.e. Risk Matrix 2000 and Stable & Acute 2007, nationally approved tools for working with sex offenders.

During 2014/15, all Criminal Justice social workers also undertook specific training in risk of serious harm (RoSH) to complement and enhance their understanding of the formulation of this section within LS/CMI. This will be further developed during 2015/16 as a number of staff will complete a further 3-day RoSH training course delivered by the Risk Management Authority.

A newly accredited groupwork and 1:1 sex offender programme was rolled out during the year, Moving Forward: Making Changes (MF:MF). Within Highland the actual programme continues to be delivered by the Aberdeenshire Joint Sex Offender Project (JSOP). This ensures best practice in working with sex offenders, thus helping to ensure public protection, and all CJS case managers completed a 3-day training course on the new programme.

Three Serious Incident Reviews were undertaken in accordance with the Care Inspectorate Guidance (2013). All 3 initial review reports concluded that comprehensive reviews were not required and ratified by the inspectorate. This process enables the service to critically evaluate its performance and allows good practice to be identified and areas of learning.

In addition to the performance management detail referred to above, Criminal Justice Social Work has a longstanding and comprehensive approach to quality assurance developed in consultation and collaboration with the other local authorities in the NCJA. This includes regular quality assurance of: criminal justice social work reports; parole home background reports; and case files. In addition, comprehensive information is collated and analysed from service users and beneficiaries of the service, including: for court reports, exit questionnaires at the end of orders; and from the beneficiaries of unpaid work projects. In order to enhance and improve the range of data available, CJS undertook focus groups with offenders in spring 2015. Importantly, all of this information is made available to staff and is the basis of improving service delivery.

7. Improvement Approaches

Improvement Methodology in Children's Services

The achievement of better outcomes for Highlands's children, their families and the communities in which they live is the overarching objective for children's services. For Highlands Children 4 (FHC4) is the Children's Service Improvement Plan for the Care and Learning Service, and incorporates the contribution of children's services delivered by NHS Highland. The fourteen outcomes detailed in FHC4 are centred on the wellbeing indicators. To support the implementation of FHC4, fourteen improvement groups have been established to take ownership of the improvement agenda. The groups are:

- Schools
- Early Years
- Child Protection
- LAC
- Youth Action
- Mental Health
- Additional Support Needs
- Young Carers

- Play
- Transitions
- Public Health
- Supporting Parents
- Practice model
- Youth Work

The membership of these groups gives consideration to wider engagement with stakeholders including children and families. Each improvement Group and operational team has an Improvement plan with a common format. The plans show all current improvement priorities centred on the Key outcomes. The plans are dynamic and monitored and updated regularly. Each plan is formally evaluated on an annual basis. Current Improvement plans for each Improvement group are maintained on the For Highlands Children Website http://www.forhighlandschildren.org/1-childrensplan/strategy.htm

Children's Services are participating in three national Collaboratives: Maternity and Children's Quality Improvement Collaborative (MACQIC), the Early Years Collaborative (EYC) and Raising Attainment for All (RAFA). A strategic group, led by the Head of Health, is ensuring that there is local connectivity between the work of each Collaborative and the For Highland's Children Improvement Groups.

The work involves the Model for Improvement which aims to engage strategically through the development of Driver Diagrams for each area of improvement identified by FHC4 Improvement Groups through a self-evaluation process; engagement the 'front line' in identifying and testing improvement through cycles of PDSAs (Plan, Do, Study, Act); and developing an improvement data platform.

The work is supported by the Children's Planning Manager and the Health Improvement Policy Manager who is nearing completion of the Institute of Health Improvement (IHI) Improvement Adviser Programme.

Permanence Planning

A number of strategies have been put in place during 2014/15 to address the drift and delay in permanence planning highlighted by the recent Inspection by the Care Inspectorate and this has already begun to show some improvements. These include permanence consultations for individual cases with senior practitioners experienced in permanence work, monthly monitoring of children in foster care, reported to the Head of Children's services and Children's Services Managers, with a focus on decision making timescales.

We are also participating in a research study with Stirling University and British Association of Adoption and Fostering (BAAF), which is funded by the Scottish Government. This study will follow a group of fostered and adopted children in over 16 local authorities and will run until 2017. The aim of this study is to understand how we can best provide stability, permanence and positive outcomes for children who are permanently placed away from home.

Workshops have been held, with more planned, with members of the Permanence and Care team from CELCIS (PaCT) for managers, to consider further change in practice and procedures which would improve the permanency planning timescales. A number of training opportunities have also been arranged for practitioners across Highland, for example, BAAF delivered training on report writing and supporting children to move on.

An increase of 4% in fees paid to foster carers was introduced from 1st April 2015. It had been sometime since an increase had been awarded, with the previous uplift being in April 2012. It was recognised that foster carers are critical to the successful care of looked after children and an increase in the fee level would encourage the recruitment and retention of carers, particularly for older children and sibling groups as many foster carers are finding it harder to fund the service they provide and are leaving or reducing their availability in order to seek employment elsewhere.

Adult Social Care

The Highland Quality Approach (HQA) underpins the design and delivery of safe, effective and person-centred services for Adult Social Care:
http://www.nhshighland.scot.nhs.uk/AboutUs/HQA/Pages/Welcome.aspx

The Approach has been developed and embedded to transform the way the design and delivery of safe, effective and person-centred services. Its stated commitment is to agreed values which are promoted across NHS Highland: teamwork, excellence, integrity and caring.

A key focus is to drive the improvements articulated through the strategic plans, including the Change and Improvement Plan, through each of the Improvement Groups. Improvements are then evidenced by way of the relevant performance indicators and recommendations are then made to the Adult Services Strategic Planning Group as to what change needs to be taken forward in order to realise improvements in outcomes.

Outcomes-focussed assessment and care planning form the basis of person-centred care and support in Adult Services. This requires a shift of emphasis in practice and change of approach as Social Workers and Adult Social Care staff have been assisted to progress from a 'care management', service gate-keeping approach based on using the 'Single Shared Assessment' to more personalised, innovative practice. There has been significant progress in this area with the development of a Personal Outcome Plan (POP) tool to support staff and to enable them to engage effectively with service users and carers in agreeing personal outcomes. The commissioning of Carers Support Plans sits alongside this process.

Feedback from staff would indicate that they welcome the opportunity to think and work more creatively with service users and carers using an assets-based approach and be better able to apply the knowledge and skills they acquired during their professional training.

Joint Inspection of Older People's Services by the Care Inspectorate and Healthcare Improvement Scotland

A Joint Inspection by the Care Inspectorate and Healthcare Improvement Scotland of Services for Older People aged 65 and over was begun in October 2014. This involved extensive information

being made available to the Inspection Team, a Position Statement and self-assessment against the ten Performance Indicators, and scrutiny of the Health and Social Care records of more than a hundred service users. In addition, Inspectors were on site to follow up cases from the Case File Reading exercise and to meet with service users, families and carers, officers, Board members, Elected Members, Statutory, Third and Independent Sector partners. The Inspection provided an excellent opportunity to showcase the innovative work that is ongoing across Highland. At the time of writing, the Health and Social Care Partnership is awaiting receipt of the draft Inspection Report.

8. User and Carer Empowerment

Children's Services

Foster carers and prospective adopters have the opportunity in a number of ways, to share their views in relation to service delivery and development, support from the service, budget savings proposals, and training. They are consulted and their views are sought through their annual carer review, the bi annual newsletter, carer drop ins and feedback from preparation groups, training and attendance at the Fostering and Permanence Panel.

Carers are encouraged to participate in recruitment and delivering training to prospective carers as well as recruiting within their own community by the service offering incentives and reward.

Care Experienced young people have been consulted about their experiences of living in foster care and those recruited as Development Assistants with the Council are helping the Fostering & Adoption service to produce information leaflets for children and young people to help them understand what foster care is like and to improve the experiences of young people who are in foster care. The Development Assistants are also participating in recruitment of carers, preparation groups and foster carers training sessions.

Achieving high quality person-centred care and support

Further to the Social Care (Self-directed Support) (Scotland) Act 2013 coming into force in April 2014, NHS Highland and the Highland Council were successful in securing funding from the Scottish Government to further develop SDS as the approach underpinning the delivery of care and support services in Highland.

This funding was utilised to employ Health and Social Care Co-ordinators within the integrated District Teams. The posts were for one year's duration and served as a first point of contact for service users and carers. The Co-ordinators had a key role to play in embedding the philosophy underpinning SDS by ensuring an assets-based approach, that included signposting at a local level and ensuring an outcome-focused approach to assessment and care planning.

Example of good practice and innovation: Health and Social Care Co-ordinator
The Single Point of Contact is beginning to demonstrate it is working effectively in some areas. One observed instance was a referral regarding an older adult in crisis. The Health and Social Care Coordinator (HSCC) took the initial call. Care at Home responded with an immediate visit, returned

to the office and highlighted to the HSCC what they were going to do and other concerns that required to be addressed. These were passed immediately to the Occupational Therapist and District Nursing by the HSCC, with a follow up response the next day.

Although only one example, this highlights the ability of the Integrated Team to respond timeously, speak immediately to the relevant professionals, ensure no duplication of effort and as a result minimise risk to the service user. Pre-Integration, this would have been a more laborious process involving multiple phone calls, with little means of ensuring no duplication of work by the professionals involved.

NHS Highland has recognised the importance of the new legislation and the major shift in underlying philosophy, by making training on the principles of SDS mandatory for all practitioners. This is serving to ensure a robust understanding of the principles and is assisting staff to move from a traditional deficit approach to assessment to much more person-centred approach.

Personal Outcome Assessment and Planning

The new Personal Outcome Plan (POP), which replaced the Single Shared Assessment document in March 2015, aims to be an 'outcome-focused' referral, assessment and care-planning tool, and is designed to allow District professionals to collect Social Care-related information about an individual in such a way that it structures the right help being offered at the right time.

The document records details of the initial referral made to the District – the issues the person is facing, the impact these are having and also the personal outcomes the person seeks. It also allows for the recording of summary information about any initial assessments and interventions made by the multi-disciplinary District team.

In complex cases it allows for the collection of detailed information about the person's issues and needs and the positive outcomes they seek. And by incorporating a resource allocation system which creates an individual budget it allows us to determine and plan the level and type of support which will be needed on an ongoing basis. Evidence to date suggests this is a more equitable approach to funding care packages.

The tool seeks to structure an integrated, streamlined and proportionate District response to meeting the issues people come to us for help with. It aims also to ensure that we adopt a positive, asset-based approach which focuses on meeting the personal outcomes of the people we work with.

To date, 'paper' documentation has been used by Social Work staff as their primary assessment and care-planning tool although work is underway to ensure that it will accessible to staff through CareFirst later this year. In the meantime, there is a focused effort to ensure that the opportunity to adopt the documentation is fully grasped by our multi-disciplinary District colleagues.

Community development and capacity building

The statutory Community Learning and Development Plan was developed over the last year. The Highland CLD Strategic Partnership has been formed to ensure that CLD services are planned and evaluated within the context of wider community development activity. This group is chaired by the Director of Care and Learning and includes colleagues from NHS Highland, Police Scotland, Fire and Rescue Service, SNH, HIE, UHI and the Third Sector Interface.

The Highland CLD Strategic Partnership seeks to
• Improve the life chances for people of all ages, through learning, personal development and active citizenship
• Help build stronger, more resilient, supportive, influential and inclusive communities

Investment in building community capacity and resilience continues to deliver positive outcomes for older people in Highland. This has seen NHS Highland work with a range of Third Sector organisations and has included:

- Older People volunteering at a tree nursery through Trees for Life
- A weekly programme of well-attended free talks for the over 50s
- A recycling project
- Promotion of Age Scotland's 'Cold Homes' campaign
- Weekly Tai Chi classes, as part of a wider Falls Prevention programme
- Participation in the development of a community hub in Grantown
- Work with Arthritis Care to deliver training sessions on managing long-term conditions
- Contribution to establishing emergency volunteer cover in four areas of Highland
- A second, successful 'Dying to Know' event
- Close collaboration with the Beauly Care project
- A range of health promotion activity
- Digital/ iPad training sessions arranged in conjunction with Citizens Online.

'Equal Partners in Care (EPiC) Highland', the new Highland Carers Strategy 2014-17 explores the principal elements of Caring Together, the national strategy in a Highland context. Implementation of the Strategy is monitored and reviewed by the Carer Improvement Group. There is also an EPiC Highland Young Carers Strategy based around 'Getting it Right for Young Carers'.

Work is continuing to roll out the Carers Support Plan, which has been favourably received and new hospital- and community-based Carer Workers have been appointed.

Focus is shifting from responding to crisis towards promoting well-being, thus embracing a model of care that focuses on empowering people. This approach recognises the importance of investing in prevention and early intervention and the crucial role that informal lower level services play in keeping people physically and mentally active and socially connected. This is particularly important where people aged over 65 are concerned and there has been significant financial investment to establish and support community-based resources.

Criminal Justice Social Work

Criminal Justice Social Work continues to promote and publicise its services, particularly unpaid work in order to ensure communities are informed about the work that is being done locally and, crucially, to enable people to request unpaid work services. Examples of how this is done are: attending ward meetings; community councils; leaflets and other material being distributed in libraries, service points etc. Further details of this are collated in the Community Payback Annual report (2014/15 due October).

9. Workforce Planning and Development

Supporting a Learning Environment

Lead social work officers in NHS Highland and Highland Council work with service managers, operational practitioners and practice support officers to ensure a continuing focus on social work and social care training in a challenging climate of change and financial constraints.

In NHS Highland, a new Adult Social Care Learning and Development Group has been established.

Practitioners and managers in each organisation are able to access a broad suite of corporate in-service and accredited development opportunities through the respective learning and development services. Additional specialist and interdisciplinary training and learning activities promote the roles and functions of the social care service requirements within and across each lead agency. Some examples are illustrated below:

The Highland Council Learning & Development team has supported 154 candidates to complete SVQ awards since 1 April 2014, as follows:

Social Service (Healthcare) Level II	36
Social Service (Healthcare) Adults	21
Social Service (Children & Young People)	8
Social Service (Healthcare) Level IV	14
Care Services Leadership & Management	2
PDA in Administration of Medication	53
PDA in Dementia	8
HNC	6
Assessor Award	5
Verifiers Award	1

There are currently 132 working candidates, with 23 to commence.

Other specific courses delivered by this team for social care staff have included:

Administration of Medication to Children and Young People	42
Care Standards and Accountability	38
Death Dying & Bereavement	5
Dementia Workshop	144
Managing Distressing Behaviour	11
Awareness of Palliative Care	18

Sensory Awareness	13
Understanding & Working with Dementia	12
Working with Autism	37

In support of the development of a professional workforce, all staff members in social care roles in children's services who have not previously gained a qualification are being supported toward gaining SVQ/HNC awards regardless of current registration requirements.

Social Work Student Placements / Practice Learning Award

In the academic year 2014-15, the Highland Council provided placements for 2 Robert Gordons University students from August to December and 2 RGU students from January 2015, of which 1 was a Highland Council worker completing the CELCIS route to qualification. We also provided 2 placements to Open University students, one of whom was self-funding and the other sponsored by Highland Home Carers. A total of 6 student placements were hosted by Highland Council. A further 2 placements in 2014 and 4 in 2015 were provided by NHS Highland for RGU, the Open University and Dundee University.

Placements were provided for students in all areas of social work activity – children's residential, fostering and adoption, family teams, adult care and criminal justice. The likely placement requirements for January 2016 will be for 8 students.

Experienced, registered social workers who act as Link Supervisors for students are encouraged to study for the Practice Learning Qualification in Social Service (PLQ (SS)) which then entitles them to act as Practice Teachers for students. The cost of this course is able to be met from the placement fee of students previously placed in the host team.

In 2015 Highland Council have four candidates studying for the PLQ (SS) and each takes a student on placement as part of their assessed studies. Fees paid in respect of the social work student are used to offset the cost of travel and accommodation for the practice teaching students on the PLQ(SS) course. Host teams also gain a very modest sum as team development funds. This permits a sustainable approach to this important area of professional development and workforce planning.

Social Worker Trainees

Highland Council had some years ago recruited significant cohorts of staff in social worker trainee posts in response to severe recruitment problems and workforce planning requirements. Problems in recruitment of social workers are currently less acute across the whole service but remain a challenge in more remote parts of the Highlands. The qualified workforce is also ageing and the number of people available from the incoming workforce is shrinking in demographic terms. Planning to meet the social worker workforce demands of the future includes the recruitment and deployment of suitable candidates to the role of trainee. A modest staff costs saving is also able to be achieved.

Vacancies that occur for qualified social workers in each lead agency will be routinely considered as potential social worker trainee roles. The conversion of a QSW post (for the period leading to qualification) will be dependent on the needs of the service as a whole and the host team's capacity

to support a colleague in the role of trainee, without creating a disproportionate pressure on the maintenance of a safe service.

Applicants for trainee posts will be drawn from the existing eligible Highland Council/NHS Highland staff resource in an effort to create opportunities for career development and to build resilience in the local workforce. The first successful candidates have been recently appointed.

Trainee social workers will be supported to study for a BA (Hons) Social Work (Scotland) as Open University students. Partnership with the Open University provides an inclusive but challenging training opportunity for experienced workers who are unable, for personal reasons, to access traditional university courses. As partners, our objective is to provide cost effective work based education and training which can benefit the service as a whole.

Post Qualifying training and learning

Newly qualified social workers access dedicated support and development time in addition to formal supervision and team relationships.

Qualified social workers (and other key staff) access practice skills and consultation support in relation to complex assessment and permanence work.

One or two cohorts of social workers each year access local Joint Child Protection Investigative Interview training with colleagues from Police Scotland. Experienced trained social workers also act as tutors to this programme. Further training for designated social work supervisors of child protection investigations is planned. A refreshed process for quality assurance of this activity, and in particular the visual records of children's interviews, is being drafted for our local services.

Post graduate qualifications are available to a small number of staff each year. Social workers and other colleagues in the integrated children's service continue to access the accredited Certificate in Child Welfare & Protection and 4 social workers should graduate from the current cohort.

A similar number of social workers will complete the Mental Health Officer qualification this year.

Support has been extended to a member of the children's disability service to pursue post graduate studies in autism.

NHS Highland stated a renewed commitment to Practice Learning and provided Practice Learning opportunities for nine students from three universities undertaking the Honours Degree in Social Work. To grow our number of Practice Teachers, we have also invested in the PLQ Programme. This will enable us to increase the number of students placed with us and support the new Trainee Social Workers as they take up post later this year. The Practice Support Officer is an experienced Practice Teacher and provides regular support to others providing practice teaching and a new educational and peer support programme has been established in partnership with the Council.

NHS Highland continues to address major challenge in ensuring that Adult Social Care staff are suitably qualified to meet SSSC registration requirements. The two largest groups of staff who require to attain vocational qualifications are Care at Home and Care Home staff, and

comprehensive plans are in place to ensure that staff have access to the Council's SVQ Assessment Centre. During 2014/15, 81 staff achieved full SVQs with a further 67 staff successful in attaining PDAs.

In addition, Learning and Development Frameworks for social service staff were developed in accordance with NHS Highland's statutory and mandatory training requirements and we have contributed to the development of a Learning and Development Framework and Educational Pathway for generic Health and Social Care support workers. A Learning Needs Analysis for Referral Assessment Officers has also been completed and appropriate training and development activity has followed.

The Core Skills programme for Care at Home Workers has been substantially revised and is now delivered in-house.

A comprehensive programme of training has been rolled out in respect of SDS and the introduction of the new Personal Outcome Plan.

There has been slow take-up by Adult Social Work and Social Care professionals of eKSF, the electronic toolkit for implementing the NHS Knowledge and Skills Framework. However, there is a strong commitment to Professional Development Planning through the Professional Supervision regime. During 2015, the eKSF will be simplified as it will be hosted through the Oracle Performance Management system known as OPM, part of eSS, the NHS Human Resource system. There will be a significant roll out of information and training sessions for all NHS Highland staff and it is envisaged that that the simplification of eKSF will lead to a greater take-up by Social Work and Adult Social Care staff.

The Care and Learning Service in Highland Council has published a new workforce development plan –
http://www.highland.gov.uk/download/meetings/id/68781/item_22_care_and_learning_service_workforce_plan_2015-2019

Integrated Training and Development

Multi-disciplinary training is continuously available to all staff in children's and adult services to support delivery of services for children through the Highland Practice Model, including child protection services. This training is supported by a dedicated co-ordinator and is delivered by representatives from universal and targeted children's services. The content and structure of training is reviewed and updated at least annually in response to national and local priorities. Training is provided at different levels to meet the competency requirements of various roles. This suite of training opportunities provides an important context in which to demonstrate the functions and responsibilities of social work professionals. Adult Support & Protection is similarly delivered to meet the requirements of a range of competencies, not least those of social care professionals.

A collaborative and inclusive approach is encouraged in a wide range of training and development activity – across professional disciplines, agencies, services and roles, including foster carers and care experienced young adults. The implementation of the Children and Young People (Scotland) Act 2014 will, for example, create one obvious focus for joint activity.

Leadership and practice development

A major feature of all social care development activity is the continuous journey through the challenges of achieving integrated delivery of social and health services, by multi-disciplinary teams across a variable geography. Such services have to be designed, managed and delivered out of much larger and diverse Care & Learning (Highland Council) and Health (NHS Highland) services. The available learning is fast moving and potentially overwhelming, as well as energising. Continued investment of time and attention to the accumulating experience of staff in practice leadership and management roles is very strongly indicated.

An NHS Highland Learning and Development Strategy is agreed and is updated annually to reflect the needs of Adult Social Care Staff. Current priorities for learning and development include: a range of training for Care Home staff; volume training for Care at Home staff leading to certificated SVQ assessment, which continues to be provided through the Council's accredited SVQ Assessment Centre; and a programme of training and development for Referral and Assessment Officers. An Adult Social Care Learning and Development Group, which reports to the Education Governance Group, is now established. This oversees the implementation of the Strategy.

A Practice Support Officer post has been created and Fabien Camus took up post in July 2014 within the NHS Highland Learning and Development Team.

Fostering and Adoption

All fostering and adoption social workers are registered with the SSSC and through regular supervision are encouraged and able to identify training opportunities for their own personal development. Staff are supported to undertake post qualifying courses and develop their skills.

Though the number of children in foster care has reduced considerably over the past few years, the demands on the service remains high particularly in recruiting and supporting foster carers who provide emergency and temporary placements and those carers who have committed to providing permanent fostering placements. Adopters are keeping in contact with the service and seeking ongoing adoption support due to the complexities and challenging behaviour of the children placed with them as well as the impact of social media and managing contact direct or indirect with birth families. There has also been an increase in adults seeking adoption counselling and this is most likely as a result of social media, television programmes and the increasing openness of adoption.